



List the schools attended by the child:

School	Grades	Year(s)
_____		
_____		
_____		
_____		

**FAMILY INFORMATION:**

Parent's Marital Status: \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_  
First name Last name

Home Address: \_\_\_\_\_  
Number & Street City Zip

Occupation: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_  
First name Last name

Home Address: \_\_\_\_\_  
Number & Street City Zip

Occupation: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Legal Guardian if other than parents:

**LEGAL GUARDIAN'S NAME:** \_\_\_\_\_  
First name Last name

Home Address: \_\_\_\_\_  
Number & Street City Zip

Occupation: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Are there any custody issues the school needs to be informed of? \_\_\_\_ yes \_\_\_\_ no. If yes, please explain.

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### CHURCH INTERESTS

Name of church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Years of attendance: \_\_\_\_ Name of child's Sunday School teacher or Youth Group Leader: \_\_\_\_\_

Parents attend church worship service Regularly \_\_\_\_ Occasionally \_\_\_\_ None \_\_\_\_

Areas of involvement: Elder \_\_\_\_ Deacon \_\_\_\_ Teacher \_\_\_\_ Child Care \_\_\_\_ Choir \_\_\_\_ Adult Class/Bible Study \_\_\_\_

Other: \_\_\_\_\_

### PERSONAL HISTORY – These items are for informational purposes so that we can effectively partner with families.

Does your child have any limitations which need attention so that normal progress in a regular classroom situation happens (i.e., tutoring, educational therapy, problems with vision, hearing, speech)?

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Have medications ever been prescribed to assist your child with emotional, mental or physical control? If so, explain \_\_\_\_\_

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Has your child ever been suspended or expelled from a school or youth program? If so, explain \_\_\_\_\_

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Was your child ever passed on condition or retained at a grade level. \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

Please describe your child's involvement at church. \_\_\_\_\_

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Please list any other information which you feel would be helpful. \_\_\_\_\_

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Please list other siblings who are current or former students of Arcadia Christian School. \_\_\_\_\_

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### BASIS OF INTEREST IN ARCADIA CHRISTIAN SCHOOL

Names of friends or relatives who now have children enrolled in Arcadia Christian School that you feel could recommend your child:  
(List two if possible)

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Name	Relationship
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Name	Relationship
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State in full your reasons for desiring to send your child to Arcadia Christian School: \_\_\_\_\_

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Arcadia Christian School is operated on a non-discriminatory basis, and no child shall be excluded from enrollment on the basis of race, color, or national origin. We do reserve the right to screen applicants on the basis of religious preference as well as class balance.